



Phone: (631) 728-1088
Fax: (631) 728-3688

ANNA THRONE-HOLST
TOWN SUPERVISOR

PUBLIC ASSEMBLY PERMIT APPLICATION

- 1) NAME OF BUSINESS: _____
- 2) ADDRESS OF BUSINESS: _____

- 3) TELEPHONE NUMBER: _____
- 4) MAILING ADDRESS (if different from above): _____
_____ E-Mail _____
- 5) Is business a corporation? If so please list name of corporate officers:
President: _____ Vice President: _____
Secretary: _____ Treasurer: _____
- 6) Is business a partnership? If so please list type of partnership and names of partners:

- 7) LOCATION OF PREMISES (where permit is required): _____
- 8) NAME OF BUSINESS OWNER: _____
BUSINESS OWNER'S LEGAL ADDRESS _____
BUSINESS OWNER'S LOCAL ADDRESS _____
BUSINESS OWNER'S TELEPHONE NUMBER _____
- 9) NAME OF PROPERTY OWNER: _____
OWNERS LEGAL ADDRESS: _____
OWNER'S TELEPHONE NUMBER: _____
- 10) In case of emergency list contact person and telephone number:
Person: _____ Phone #: _____
- 11) If owner of property is different from applicant, in case of an emergency list contact person and #:
Person: _____ Phone #: _____
- 12) Has applicant ever declared bankrupt or bankruptcy application pending? Yes _____ No _____
- 13) Has applicant had a permit ever denied, suspended or revoked? Yes _____ No _____
- 14) Has applicant ever been convicted of a crime? If so, please provide dates of convictions along with a brief statement setting forth the penalties imposed. Yes _____ No _____

- 15) List the name and telephone number of at least one individual who resides in Suffolk County and is authorized to accept service on behalf of the owner of the property.
Person: _____ Phone # _____

- 16) List the name and telephone number of at least one individual who resides in Suffolk County and is authorized to accept service on behalf of the owner of the business.
Person: _____ Phone # _____
- 17) If the premises are leased, list the names and addresses (business, current residence and legal residence) of all lessees, subleases, assignees and tenants, and the name and address (business, current residential and legal residence) of at least one individual within Suffolk County who is authorized to accept service on behalf of the lessee, sublease, assignee or tenant. Use separate pages as necessary.
- 18) Describe the intended use of each area where the occupant load may exceed fifty people.
- 19) Attach a set of floor plans, drawn to scale, of the furniture, equipment and interior partitions on the premises, including outdoor areas of use for all areas that may exceed an occupant load of fifty people. Any deviation from the plan as submitted, which affects occupant load or exiting, without prior written approval of the Chief Fire Marshal or his/her designee shall invalidate the permit.
- 20) Attach a valid certificate of occupancy for all buildings, structures and uses on the property.
- 21) Attach the fire safety and evacuation plan for the premise. In the case of a new owner, lessee, sublessee, assignee or tenant the plan shall be provided to the Department of Public Safety prior to opening to the public, including private parties.
- 22) Employees shall receive training in the contents of the fire and safety plan for the premise. Attach training records for employees for the past calendar year. In the case of a new owner, lessee, sublessee, assignee or tenant the plan and records are to be provided to the Department of Public Safety prior to opening to the public, including private parties.
- 23) A separate permit is required from the Department of Public Safety for any tent in excess of 200 square feet or any canopy in excess of 400 square feet, when permitted by the Fire Code of the State of New York and the zoning code of the Town of Southampton.
- 24) Pursuant to Section 175.35 of the New York State Penal Code, a person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with the intent to defraud the state or political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded or otherwise become a part of the records of such public office or public servant. Offering a false instrument for filing in the first degree is a class E felony.
- 25) If the application is deemed incomplete, the Chief Fire Marshal shall notify the applicant as to the specific information or documentation required to complete the application and that the applicant has thirty (30) days from the date of notice to submit the application.

CHANGES TO PERMIT

- 1) Permits shall not be transferable or assigned.
- 2) Any changes in the activity, operation, location or ownership shall require that a new permit be issued.
- 3) A copy of this permit shall be posted or otherwise readily accessible at each place or operation or carried by the permit holder.
- 4) No permit issued shall be interpreted to justify a violation of Town Code 164 or any other applicable law or regulation.
- 5) Application is hereby made to the Department of Public Safety for issuance of a permit to Town Code 164 and all amendments thereto, for the regulated activity as herein described.

If property owner is not the business owner, both sections must be completed.

For the property owner:

State of New York) ss:
County of Suffolk)

being duly sworn, deposes and says that he/she resides at _____ and that he/she is the agent for the owner/tenant of the premises described in the within application, and states that the proposed regulated activity had been authorized by the owner/tenant and that the aforesaid applicant has been authorized to make the application as the owner's/tenant's agent. The owner/tenant authorizes the applicant to consent to permit any employee of the Department of Fire Prevention to enter upon the premises without a search warrant for the purpose of inspecting the proposed regulated activity.

Sworn this date of _____

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant

State of New York) ss:
County of Suffolk)

being duly sworn, deposes and says that he/she resides at _____ and that he/she is the owner in fee officer in the corporation which is the owner in fee/tenant described in the within application, and that he/she has authorized _____ to make the foregoing application for a permit as described herein.

Sworn this date of _____

False statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant

For the business owner:

State of New York) ss:
County of Suffolk)

being duly sworn, deposes and says that he/she resides at _____ and that he/she is the agent for the owner/tenant of the business described in the within application, and states that the proposed regulated activity had been authorized by the owner/tenant and that the aforesaid applicant has been authorized to make the application as the owner's/tenant's agent. The owner/tenant authorizes the applicant to consent to permit any employee of the Department of Fire Prevention to enter upon the premises without a search warrant for the purpose of inspecting the proposed regulated activity.

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Sworn this date of _____

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Applicant

Department of Fire Prevention
18 JACKSON AVENUE
HAMPTON BAYS, NY 11946

Phone: (631) 728-1088
Fax: (631) 728-3688

TOWN OF SOUTHAMPTON



ANNA THRONE-HOLST
TOWN SUPERVISOR

CHERYL KRAFT
CHIEF FIRE MARSHAL
(631) 702-2920

January 2010

Dear Business Owner:

In the fall of 2008 the Town Board of the Town of Southampton held public hearings on the adoption of a fee schedule for the Department of Public Safety. As a result of that public hearing a resolution was passed on November 12, 2008, allowing the Department of Public Safety to **charge a fee** for an annual Public Assembly permit.

Assemblies with an occupant load of less than 50 will not be charged. The following is a break down of the new fees.

Occupant load of :	50 – 250	\$150
	251 – 500	\$300
	More than 500	\$600

The fee is based upon the posted maximum occupant load.

Please be sure that payment checks are made payable to **“The Town of Southampton”**.

Thanking you in advance for your anticipated assistance.

Very truly yours,

Cheryl Kraft
Chief Fire Marshal